MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

E63=033249

DO NOT WRITE ON THIS STUB	E AMENDED					egistration District No	8 19 69 Prin	nary Registration L	District No. GOLG	Registrar's No.	202	STATE FILE	NUMBER	
				<u> </u>	1. PLACE OF DEATH					CE (Where decess	ed lived. If institutio	n: Residence before		
VS 300	۵	[]	1	·	Ĭ	a. COUNTY Ran	dolph		a. STATEME CO.	a. STATE Missouri b. COUNTY Randolph admission)				
Rev. 4/59					! —		orate limits, give TOWNS	THIP only)	Length of stay in 1b	c. CITY	- Mad	acutospii	Inside Limits	
, I	AMENDED				1	OR	-Silver Cree	· I	13 yrs.	ll OP.	1911+0+	Creek Twp.		
1 .00-					I —	C FILL NAME OF US NO	OT is bossital aim local	tion)	Instide Limite	d. STREET		otside, give location)	Reside on Ferm	
0880			ļ		1	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits HOSPITAL OR.					•		- ***	
20880	DATE	Ш	\perp	╛	 =	HOSPITAL OR INSTITUTION home of Mrs. Edwin Dameron Yes No 2 home of Mrs. Edwin Dameron Yes								
3 /	¹ ¯	[3.	. NAME OF DECEASED (Type or print)	First		iddle	Last	4. DATE OF	Month Da	•	
	1				1_		Martha	Ca	therine	Fullington	DEATH A	ugust 12		
4 1	1				5.	. SEX	6. COLOR OR RACE	7. Married 🗆	Never Married [8. DATE OF BIRTH	9. AGE (last birt	thday) IF UNDER 1 YE	EAR: IF UNDER 24 HR	
5 0	۱				1	female	white	Widowed 🙀	Divorced 🗍	9-8-1866	96	Months Day		
	1				10	a. USUAL OCCUPATION (G	Give kind of work done	106. KIND OF BL	USINESS OR INDUSTR			ountry) 12. CITIZEN	OF WHAT COUNTRY	
6	§]:	.	1	during most of working housewife	tife, even if retired)	home		Randolph C	ounty_Mis	souri Unit	ed States	
7	<u> </u>		1		138	a. FATHER'S NAME			THER'S MAIDEN NAM		14. NAA	ME OF HUSBAND OR W	TIFE	
	FOLLOWS				1	Thomas J. Ba	gby	· En	mma Hale	•	Chen	les Fulling	ton	
8 2	S		1			. WAS DECEASED EVER I	N U.S. ARMED FORCES?		CIAL SECURITY NO.	17. INFORMANT	- Cular	Address		
	AS		1	 		es, no, or unknown) [(If ye				Mrs. Witte	Damaron.	R#1: Highe	e. Missouri	
°332X	ARE			⊢L I	! —			1	 	1 TTO NO ENWILL			INTERVAL BETWEEN	
10 ľ	1		- 1	교	[18. CAUSE OF DEATH (6 PART 1.		Modii	llary Par	ploate	,		ONSET AND DEATH	
 ;	OF OF			CUMENT	†		IMMEDIATE CAUSE (a))rada	TTOI Y I GI	~~, 0 + 0	-		 	
	2			വ	t			000001	bral Thro	mbosis		• [3 day	
12//// - 7	REAL	[۵	[- Conditions which gave	re rise to	3) <u>061.9</u>	OLGT THE			· ·	- -	
-,	HIS				1	above car	use (a), }	والمستعلق المستعدد	nigologie			. "	?	
132-0		\top	丅	7 1	`	lying cau	rse last. j : DUE TO (d		risclosis					
	NO	1 1	[1	중	PART II.	OTHER SIGNIFICANT Codisease condition given in	ONDITIONS CON	ITRIBUTING TO DEAT	H but not related to	the terminal	PART III. If decease there a pre-	d was female was gnancy in last 90 days.	
۱.	2			-	Ę	10 10 10 10 10 10 10 10 10 10 10 10 10 1		p					No □ Unknown	
li	Z.		ŀ		Ĕ	19. WAS AUTOPSY 2	Se n	i 11 t.v	20b. DESCRIBE HO	W INJURY OCCURRED	(Enter nature of in	njury in PART I or PAR		
l	AMENDMENT				8	PERFORMED?	O O	D.					-	
_	Z.		ŀ		Įį	20c, TIME OF Hour	Month, Day, Year	- Page 1						
Z	₹				ă	INJURY a.m.	mary pays tons	And the state of the state of	• *,			•		
BLACK INK OR RITER RIBBON	1		1	.	₹.	p.m. 20d. INJURY OCCURRED	1 20- 81455	OF INJURY (e.g.	, in or about home;	20f. CITY, TOWN, OR	LOCATION	COUNTY	STATE	
	1 .		1			WHILE AT WORK [NOT WHILE AT WO	Tarm,	factory, street, offi	ice bldg., etc.)	p.				
¥		.		1.		NOT WHILE AT WO		30/2	<u>_</u>	-12-63 md	<u> </u>	9 10 4	· · · · · · · · · · · · · · · · · · ·	
ਤੁਰ≅	READ	.].		1	<u> </u>	21. I affended the dece	essed from July	1963	, 10		l last saw him alive			
₽ ₹	<u>ه</u>		.	1		Death occurred at	4:6	OB.	m on th	re date stated above, a	nd to the best of i	my knowledge, from th		
USE	اِيَّا ا			9.	!	22a. SIGNATURE	(Dec	or tile	70 A.	22b: ADDRESS		. 1	22c. DATE SIGNED	
USE BLAC OR TYPEWRITER	GINOHS			, ,		2011	Cash	w AI	0.	, - Hunts v1	.★le, Mo	• ← 4 → AP = T _e = 4	8-12-63	
	I ⊢	+	\perp	AFFIDAVIT	-22	a. BURIAL, CREMATION,	23b. DAT	23c. NAME	OF CEMETERY OR CRE	EMATORY 2	3d. LOCATION (C	ity, town; or county)	(State)	
	Ş	1		١٩	1 "	KEWOAVE (Sheeria)	8-14-1963	Hunte-	ville Cemet	erv	Huntsvill	e. Missouri	•	
	Z			F	-34	burial	O-14-1303	DRESS /	25. DA	TE RECD. BY LOCAL RE	G. 26. REGISTI	RAR'S SIGNATURE	41	
1	TEM	1		≿	#	7 m 12.	1/1	14.	wind.	8-14-63	1 Alm	7MG(125	Horson	
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	Ţ	3 1 200	্ৰিক্ৰী কলায়	า. รุงกั	Taldy gail Street (1)			;
	ξ	9.20	STATEMENT BY	LICENSED EMBALM	ER	1		B-09
-, ·	I hereby	certify that the body who	se name is recor	ded on the reverse	side of this certifi	cate was embali	med by me,	2~6
	or by	•	<u> </u>	•	, Student E	mbalmer No		
•	working under m	ny personal supervision.) / /		•
	Student	· · · · · · · · · · · · · · · · · · ·	_ .	Signed 70%	n Bla	lon	<u>></u>	٠.
* , * * \$	***	Signature of Student Embalmer	astrick in	. : : : : : : : : : : : : : : : : : : :	Licensed Embal	mer No. 39	14	
	€ -r r=3. °°	22 11	Asset of the second of the sec	6. 40	P. O. Address	Hunts	wille	د سال
* ***	with the above co If embalm If this boo	e above MUST BE SIGNE enstitutes grounds for revo- ned by a STUDENT, he also dy is not embalmed, fact sh	cation of license), shall sign in his	OWN handwriting.	his OWN HANDW	RITING. (Failure	to comply.	